



www.gallatin.mt.gov/health

Gallatin City-County Health Department

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Communicable Disease Report December 22, 2008

Gallatin County Weekly Communicable Disease Report December 10-16, 2008

Reportable :

5 Chlamydia
2 Giardia
2 Hepatitis C
1 E.Coli
1 Salmonella

Non- Reportable :

38 Streptococcus
4 RSV
4 Mononucleosis

Gallatin City-County Health Department- The Gallatin City County Health Department will **no longer be calling all providers** in the community for communicable disease reports. The Health Department is implementing a new reporting system. Most providers will now receive a weekly surveillance fax on **Tuesdays**. There will be some practices that will continue to receive weekly telephone calls every Tuesday morning. You will be informed whether to expect a telephone call or fax for weekly communicable disease surveillance. Thank you for your cooperation. If you have questions, please call the Health Department at 582-3100. **PLEASE NOTE:** *The CD surveillance fax was sent on Thursday of last week due to unexpected building problems at the Health Department (flooding due to a burst fire suppression system), our apologies.*

Montana Communicable Disease Weekly Update: 12/12/08 Summary – Weeks 46- 48

– Disease reports received at DPHHS during the reporting period November 8 – 29, 2008 included campylobacteriosis, cryptosporidiosis, giardiasis, salmonellosis, pertussis, Kawasaki syndrome, invasive *S. pneumoniae* and varicella.

Adenovirus 14 – Adenovirus 14 has been isolated from two cases of respiratory illness in children in northcentral Montana. Although these children were not hospitalized, this virus can cause severe pneumonia in otherwise healthy people. Clusters of severe disease related to adenovirus 14 were seen in Oregon and Washington in 2007. Patients who have severe, culture-negative pneumonia should have a screen for viral respiratory pathogens done. The state public health laboratory can do this testing. Call 1-800-721-7284 for information on submission of specimens for testing.

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Influenza Surveillance – As of 12/12/08, Montana's influenza activity is classified as SPORADIC. There have been two confirmed cases of influenza in the state: (1) a type B in Deer Lodge County and (2) a type A in Cascade County. In order to confirm the presence of influenza in the community during the first part of the season, it is important to submit rapid test positive specimens to the Montana Public Health Laboratory for confirmation by PCR. This confirmatory testing is provided at NO COST until two specimens have been confirmed as positive in your county.

During week 49, (week ending 12/6/08), a low level of influenza activity was reported in the United States, which is typical for this time of year. Flu season typically peaks in January or later and has been in February or March in 11 of the past 20 seasons. National weekly updates about influenza can be found at <http://www.cdc.gov/flu/weekly/>.

Influenza Vaccination and Treatment - Of the few influenza viruses characterized thus far this season, most are antigenically related to the strains included in the 2008--09 influenza vaccine. Oseltamivir-resistant influenza A (H1N1) viruses have been detected, but currently available data are insufficient to predict their prevalence for the 2008--09 season. However, it is too early to determine which influenza virus type or subtype will predominate this season or whether widespread resistance is occurring; CDC will test more viruses as flu activity increases and more samples become available. For information on current status of the characterization of influenza strains and resistance, see the 12/12/08 issue of the MMWR:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5749a3.htm?s_cid=mm5749a3_e.

The ACIP recommends the neuraminidase inhibitors oseltamivir and zanamivir for treatment and chemoprophylaxis of influenza.

(<http://www.cdc.gov/flu/professionals/acip/index.htm>) Please remain alert for changes in recommendations that might occur as the influenza season progresses in case surveillance data indicate a substantial and widespread increase in the prevalence of oseltamivir-resistant influenza viruses.

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